

CLASS C REINSTATEMENT FORM

221471
221472

File the original with:

Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

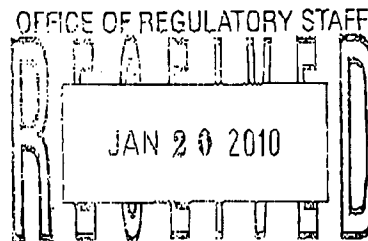
S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

1999-441-T
2009-277T

DATE: 1-18-2010

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number PSC 6836
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____



My certificate was revoked/cancelled on 10-14-09 because Not filing
2008 Annual Report (as per ORS info)
(DATE)

I am seeking reinstatement because It was not my intent to not
adhere to the Regulations; it was an oversight.
and received my 2009 Decal add further to my oversight
Skyview Company / Eddie J. Pinckney
(Name of Company) DBA (if applicable)

1903 Emanuel Street
(Street Address)

Georgetown, S.C. 29440
(City, State, Zip Code)

843-546-5010
(Telephone Number)

(Mailing Address if different from Street Address)

Eddie J Pinckney
(Signature)

Owner
(Title)

RECEIVED

JAN 21 2010

PSC SC
DOCKETING DEPT.

ORS Revised 9-12-08

Transportation CARRIER ANNUAL REPORT

CLASS C TAXI CARRIER NON EMERGENCY STRETCHER VAN
OF

Eddie J Pinckney

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 200⁹

[] Calendar Year Ending December 31, 200⁹

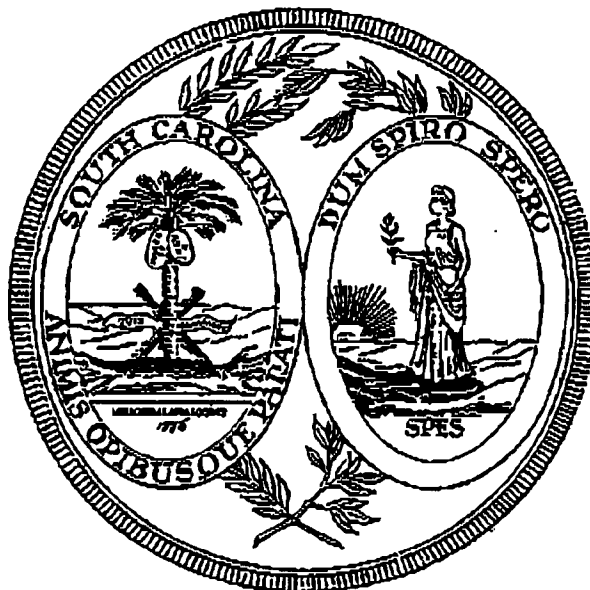
or

[] Fiscal Year Ending _____

RECEIVED

JAN 21 2010

ORS
T.T.W.W.W



Company Officers

Title of Officer	OWNER EDDIE J PINCKNEY
President	
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Supt.	

Contact Information (If different from above)

Contact Name:			
Title:			
Street Address:	1903 EMANUEL		
City:	GEORGETOWN	SC	29440
Telephone Number:	(843-546 5010	E-mail:	

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
AND OFFICE OF REGULATORY STAFF
TRANSPORTATION CARRIERS ANNUAL REPORT
(For Class C - Taxi, Charter, & Non-Emergency, Stretcher Van)
FOR YEAR ENDING DECEMBER 31, 2008 OR FISCAL YEAR ENDING

CARRIER NAME SKYVIEW CAB COMPANY Eddie J. Pinckney
STREET ADDRESS 1903 EMANUEL STREET
CITY, STATE, ZIP CODE GEORGETOWN SOUTH CAROLINA 29440
MAILING ADDRESS _____
CITY, STATE, ZIP CODE _____
TELEPHONE NUMBER (AREA CODE) 843-546-5010
FEDERAL IDENTIFICATION NUMBER _____

Operating Revenues:

1. Total Revenues \$ _____

Operating Expenses:

2. Salaries and Wages \$ _____ 0

3. Rent \$ _____ 0

4. Other \$ _____ 0

5. Total Expenses \$ _____

6. Net Operating Income (Loss) \$ _____

7. Insurance Co. Name CANAL
No. of Vehicles Insured: 1

Policy No. PIA04368301

8. Decal Fees Paid YES () No (✓) No. of Vehicles _____
(through June of Current Year)

CertificationState of SOUTH CAROLINACounty of GEORGETOWNI, Eddie J. Pinckney~~SKYVIEW 646~~ delete Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

Eddie J. Pinckney
1-20-2020

Signature

Date